

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10-019,364	FILING DATE				
							APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	/						51		/			
2	/						52		/			
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48		/					98					
49		/					99					
50		/					100					
TOTAL IND.							TOTAL IND.					
TOTAL DEP.							TOTAL DEP.	56				
TOTAL CLAIMS							TOTAL CLAIMS	57				